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Interim Health Advisory

Date: May 12, 2009
To: Rhode Islanders
From: Director of Health, David R. Gifford, MD, MPH
Re: Pediatrics & H1N1 Virus

Guidance for Clinicians Managing Influenza Like Illness in Children

HEALTH appreciates that clinicians caring for children are often on the front line when children who are ill come to their office. Particularly during this time of the year, there are many circulating viruses such as parainfluenza, respiratory syncytial virus, or adenovirus causing respiratory illnesses that may be difficult to distinguish from symptoms of an influenza-like illness caused by influenza virus. This has created a challenge for clinicians who usually advise families that ill children should stay home from school until at least 24 hours after fever has resolved, which often can occur within three to four days. However, with the novel H1N1 (swine) influenza viral shedding, particularly in children, may continue for at least 7 days. Until more information is understood about viral transmission of the novel H1N1 (swine) influenza after symptom onset (with or without treatment), HEALTH continues to follow CDC's recommendation for ill persons to stay at home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.

HEALTH asks that clinicians, parents, and families continue to follow these recommendations to the best of their ability, understanding the challenges involved. The preference is to minimize the risk of spread in school settings since a sick child can spread infection widely particularly if viral shedding is still occurring. See HEALTH recommendations on Caring for a Sick Person at Home:
http://www.health.ri.gov/pandemicflu/swineflu/Advisory/InfectionControlHome050109%20.pdf

Please continue to follow the interim guidance on care of the pediatric patient with ILI in the office setting:

Clinical presentation of ILI in children

- Illnesses caused by influenza virus infection are difficult to distinguish from illnesses caused by other respiratory pathogens based on symptoms alone.
- Young children are less likely to have typical influenza symptoms (e.g., fever and cough) and infants may present to medical care with fever and lethargy, and may not have cough or other respiratory symptoms or signs.
- Symptoms of severe disease may include: apnea, tachypnea, dyspnea, cyanosis, dehydration, altered mental status, extreme irritability.

http://www.health.ri.gov/pandemicflu/swineflu/Advisory/YoungChild05012009.pdf

Masks guidance for physician offices/ walk-in and urgent care clinics
For any patient who presents at a healthcare facility with an acute febrile respiratory illness:

- Patient should wear a surgical mask, if tolerated, and placed directly into an individual room, if possible.
- Providers with prolonged face-to-face exposure to patients with influenza-like illness should wear a surgical face mask.
- For patients with ILI (fever and cough or sore throat), including suspected, probable or confirmed cases of H1N1 influenza, health care providers conducting procedures that are likely to generate aerosols (e.g., bronchoscopy, elective intubation, suctioning, **administering nebulized medications**), should use a N95 respirator if available or a surgical mask with eye shield protection and should close the treatment room door.

http://www.health.ri.gov/pandemicflu/swineflu/Advisory/MasksAndRespirators050609.pdf

Treatment recommendations applied to children with influenza like illness

- If a patient is not in a high-risk group or is not hospitalized, healthcare providers should use clinical judgment to guide treatment decisions. When evaluating children, healthcare providers should be aware that the risk for severe complications from seasonal influenza among children younger than 5 years old is highest among children younger than 2 years old.
- Many patients who have had novel influenza (H1N1) virus infection, but who are not in a high-risk group have had a self-limited respiratory illness similar to typical seasonal influenza.
- For most of these patients, the benefits of using antivirals may be modest.
- Therefore, testing, treatment and chemoprophylaxis efforts should be primarily directed at persons who are hospitalized or at higher risk for influenza complications.

http://www.cdc.gov/h1n1flu/recommendations.htm